SEPTEMBER 1985

ATTACHMENT 4.18-A

Page 1

OMB WO.: 0938-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

under section 1905(a)(1) through		pe of Char	ge .	
Service	Deduct.	Coins.	Copay.	Amount and Basis for Determination
NONE				
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TN No. 85-7 Supersedes TN No.

Approval Date 3-7-86

Effective Date 1-1-86

HCFA ID: 0053C/0061E

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Revision: HCFA-PM-85-14 (BERC)

SEPTEMBER 1985

NOT Applicable

ATTACHMENT 4.18-A
Page 2
OMB NO.: 0938-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: GUAM				
В.	The method used to collect cost sharing charges for categorically needy individuals:				
	Providers are responsible for collecting the cost sharing charges from individuals.				
	The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.				
c.	The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:				

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Approval Date 3-7-96

Effective Date 1-1-86

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Rovision: HCFA-PH-85-14 (BERC)
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NOT APPLICABLE ATTACHMENT 4.18-A
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	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT					
	State: GUAM					
The shar	the procedures for implementing and enforcing the exclusions from cost tharing contained in 42 CFR 447.53(b) are described below:					
Cumu	lative maximums on charges:					
乙	State policy does not provide for cumulative maximums.					
乙	Cumulative maximums have been established as described below:					

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IN No85-7		
Supersedes	Approval Date 3-7-8 6	Effective /-/-86
Date of a	Date	

HCFA ID: 0053C/0061E